

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-041903

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3009

Registrar's No.

530

FILED DEC 3 1962

1. PLACE OF DEATH

a. COUNTY

CAPE GIRARDEAU

b. CITY (If outside corporate limits, give TOWNSHIP only)

JACKSON

Length of stay in 1b

4 1/2

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

DEAL NURSING HOME

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

CAPE GIRARDEAU

c. CITY OR TOWN

JACKSON

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

RFD #4

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

ADA

IONE

SHORT

4. DATE OF DEATH

Month

Day

Year

Nov

8

1962

5. SEX

FEMALE

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

DEC 12, 1875

9. AGE (last birthday)

86

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

JACKSON, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

MELETIS WARE

13b. MOTHER'S MAIDEN NAME

LAURA ALEXANDER

14. NAME OF HUSBAND OR WIFE

GEORGE M. SHORT (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

N/A

16. SOCIAL SECURITY NO.

UNKNOWN

17. INFORMANT

LINUS SHORT - JACKSON, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

3 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/22/58 to 11/8/62 and last saw her alive on Nov. 4, 1962. Death occurred 12:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. H. Jaeger, M.D.

22b. ADDRESS

Jackson, Mo.

22c. DATE SIGNED

Nov 9, 1962

23. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

Nov 9, 1962

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Hill

23d. LOCATION (City, town, or county)

RFD #4 - JACKSON, MO

24. FUNERAL DIRECTOR

J. N. Boudinot - Jackson, Mo

25. DATE RECD. BY LOCAL REG.

11-30-1962

26. REGISTRAR'S SIGNATURE

James Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 4 - 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*[Handwritten Signature]*

Licensed Embalmer No. 4327

P. O. Address Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.